Missouri State Library

APPLICATION FOR FY06 STATE AID GRANT – Voted Tax-Supported Municipal Library Districts

Fiscal year of this report: From	Date:	County:	_	
If library is part of a regional library, please give name:	Fisca	*		
Address of library's main office (street address, P.O. Box, city, zip code): Address of library's main office (street address, P.O. Box, city, zip code): County: Phone number: Amount of State Aid funds received during fiscal year of this report: \$ (Do NOT include Equalization or Athlete & Entertainer tax funds received.) How were these funds expended? Library Collection Other, please describe: Equipment Operations Personnel Programs THE FOLLOWING TO BE COMPLETED BY CERTIFYING OFFICIAL: Official population of library district. (2000 U.S. Census figure will be provided by State Library). XXXX 10 Total assessed valuation of library district for fiscal year of this report: (on \$100 valuation). 12 Library tax rate set by the Library Board and levied during fiscal year of this report (on \$100 valuation). 13 Library tax rate on December 31, 1946 or on date of library's establishment (if after 1946) \$ Library tax rate suggested by State Auditor's Office for compliance with Hancock Amendment during fiscal year of this report: By What is the current tax rate as approved by the voters? S This is less than \$1.0, or less than the amount reported on Line 13 or Line 14, state the reason for the reduction: Reduction due to Hancock rollbackVoluntary reduction determined by Library Board Other (please state): CERTIFICATION (by City Official) I certify that the information I have reported above is true and correct.	1	Name of Library taxing district:		
4 Address of library's main office (street address, P.O. Box, city, zip code): 5 County: 6 Phone number: 7 Amount of State Aid funds received during fiscal year of this report: \$	2	If library is part of a regional library, please give name:		
5 County: 6 Phone number: 7 Amount of State Aid funds received during fiscal year of this report: \$ (Do NOT include Equalization or Athlete & Entertainer tax funds received.) 8 How were these funds expended?	3	Name of Librarian:		
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	17			
Signature of City Official providing information Telephone number		Name and Title of City Official providing information (please type)		
		Signature of City Official providing information Telephone number		

CERTIFICATION (by Library Officials):			
We, the undersigned, do hereby certify that the information contained on this form is true and correct to the best of our knowledge.			
We fully understand that State Aid to public library funds is reported as state matching funds by the Missouri State Library to qualify for federal grant monies, and therefore, may not be reported by an individual library as matching funds for any other federal grant.			
Librarian	Treasurer of Library Board*		
	*Required by RSMO 181.060.3 Please see instructions if anyone other than Treasurer signs this form.		
NOTARY:			
Subscribed and sworn to before me this	day of		
My commission expires C	County:		
Notary Public			

DEADLINE: Applications must be signed, notarized, and <u>postmarked on or before June 30, 2005,</u> to be eligible for State Aid during the current fiscal year. Faxed applications will NOT be accepted. We recommend certified mail or any other means that will give your proof of date sent.

Mail to:

State Aid Application Missouri State Library 600 West Main Street, P.O. Box 387 Jefferson City, MO 65102-0387